

## **PRODUCT REVIEW FORM**

### **Individualized Education Programs for Students with Disabilities: Purpose, Process, and Relationship to Least Restrictive Environment**

**Directions:** Please read the draft and respond to these questions. The review form has been divided into the following sections to replicate the manual's format: foreword, chapters, and general use.

#### **A. Foreword**

1. Is the purpose of the manual clearly stated in the foreword?

☐ Yes                      ☐ Somewhat                      ☐ No

Comments:

2. Is Table I a useful tool for understanding the IEP Process?

☐ Yes                      ☐ Somewhat                      ☐ No

Comments:

3. If you have any other comments on this section, please add them here:

## **B. Chapter Drafts**

Please consider the drafts of the six chapters as you respond to these questions. For any reason, if you believe one chapter is more successful than another, please give a separate response for the appropriate chapter and be very specific in your comments?

1. Is the material well organized? Is the format clear and successful?

☐ Yes

☐ Somewhat

☐ No

Comments:

2. Is the tone appropriate?

☐ Yes

☐ Somewhat

☐ No

Comments:

3. Is the inclusion of actual citation from regulations helpful?

☐ Yes

☐ Somewhat

☐ No

Comments:

4. Have key points been made clearly?

☐ Yes

☐ Somewhat

☐ No

Comments:

5. Is there anything you would add to the chapters?

☐ Yes

☐ Somewhat

☐ No

Comments:

6. Is there anything you would delete from the chapters?

☐ Yes

☐ Somewhat

☐ No

Comments:

7. If you have any additional comments on the drafts of these chapters, please add them here:

### C. General Use

1. Is the manual useful to you personally?

☐ Yes

☐ Somewhat

☐ No

Comments:

2. If the manual is useful to you, how would you use it?

3. Please indicate your current position

- ☐ Superintendent
- ☐ Special Education Administrator
- ☐ Principal
- ☐ Resource Teacher Elementary
- ☐ Resource Teacher Secondary
- ☐ Self-Contained Teacher Elementary
- ☐ Self-Contained Teacher Secondary
- ☐ DPT
- ☐ Teacher of Students with Severe/Profound Disabilities
- ☐ Regular Education Teacher Elementary
- ☐ Regular Education Teacher Secondary
- ☐ Transition Teacher
- ☐ Preschool Teacher
- ☐ Support Personnel Please specify \_\_\_\_\_
- ☐ Parent
- ☐ Higher education faculty
- ☐ Other Please specify \_\_\_\_\_

4. If you have additional comments on the usefulness of this manual please add them here:

We greatly appreciate the time you spent reviewing the document and completing this form.

Please return response sheet by March 1st to:

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or

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